



## **Addressing Infant Mortality in DC *Citywide Action Plan***

### **Progress Report September 2008**



Since the release of the District's 2005 Infant Mortality Report and the accompanying city-wide Action Plan in December 2007, the Department of Health (DOH) has successfully implemented several of the proposed initiatives and services in an effort to provide a comprehensive approach to enhancing the health of the District's mothers and newborns. The following is a progress report highlighting the actions undertaken to date by the District government and our community partners to improve the city's infant mortality rate since the release of the Action Plan to Reduce Infant Mortality.

#### **I. Increase capacity and impact of DOH home visitation program for pregnant women**

The DOH Perinatal and Infant Health Bureau (PIHB) in the Community Health Administration (CHA) oversees the federally funded DC Healthy Start program. It is through this program that nurses and Family Support Workers (FSW) perform home visitation to its clientele of eligible pregnant women and new mothers. As of June 2008, Healthy Start had ten nurses (two were contracted) and three Family Support Workers. By the end of September, this program will increase its staffing to 15 Nurses (8 are with PIHB, 2 are assigned to Healthy Babies, and 5 are part of the Human Care Agreement. A total of 7 are contracted) and 14 FSWs (3 are with PIHB, 6 are assigned to Healthy Babies, and 5 are part of the Human Care Agreement. A total of 11 are contracted). Presently DC Healthy Start is coordinating care on behalf of 86 pregnant women and 301 postpartum women (totaling 387 women). A goal for the program is to increase the number of clients served to 600 pregnant and postpartum women before the end of calendar year 2009.

The DC Healthy Start program has also revised its home visitation policy. In June, Healthy Start had 85 prenatal clients who received a total of 74 home visits that month and had 301 postpartum clients with 174 home visits. Additionally, the program attempted 108 (33 prenatal and 75 postpartum) home visits that were unsuccessful. Under a new policy effective in FY 09, the program will provide prenatal clients with a minimum of two visits per month and postpartum clients with a minimum of one visit per month.

As of June 2008, the Safe Cribs program has distributed 297 cribs and pack-n-plays. This year the program received a three-year grant from CareFirst to purchase cribs and will receive 15,000 to 18,000 free pack-n-plays from First Candle over the next seven years (due to begin in FY09). The crib program is well on its way of surpassing the 500 cribs and pack-n-plays distributed in calendar year 2007.

Service or Initiative	Participating Agencies	Timeline	Status
Increase oversight and effectiveness of the Healthy Start program's nurse case management component through the establishment of the Bureau of Perinatal and Infant Health (PIHB).	Community Health Administration (CHA)	May 2007	New Bureau Chief hired on August 6, 2007.
Recruit, train and deploy new Family Support Workers (FSWs) under the Healthy Start program to provide complementary support services that address psycho-social risk factors affecting pregnant and parenting women and their children.	Community Health Administration (CHA)	January 2008	Staffing (by September 2008): 15 nurses (up from 10) and 14 FSWs (up from 3). Frequency of Visits (June 2008): <ul style="list-style-type: none"> <li>• 87% prenatal clients with a home visit</li> <li>• 58% postpartum clients with a home visit</li> </ul> Goal for FY 09: 2 visits/month for prenatal and 1/month for postpartum clients.
Design and implement a public information campaign educating women, including those who are not yet pregnant, and their families about the critical role of comprehensive pre-conception and prenatal care in ensuring a healthy pregnancy, birth, and infancy.	Community Health Administration (DOH)	March 2008	Development of the public information campaign will be completed by September 2008. Implementation of the campaign will begin in the first quarter of FY09.
Facilitate the distribution of 15,000 to 18,000 free cribs over the next seven years to low-income mothers to prevent Sudden Infant Death Syndrome (SIDS), thanks to an \$11 million grant from the Bill & Melinda Gates Foundation to First Candle.	DOH and First Candle National Crib Campaign	March 2008	As of June 2008, 297 cribs distributed in this calendar year. DOH is awaiting arrival of additional cribs from First Candle.

## II. Enhance collaboration between DOH Community Health Administration's initiatives and other sectors of government serving at-risk women and families

In addition to the Community Health Administration (CHA), several other sectors of government interact with women of childbearing age and their infants. Maximizing each interaction will assist with identifying potential or actual health concerns and facilitate early referrals to services that promote healthy outcomes. The Department of Health is coordinating this collaboration among DOH administrations as well as with other agencies across the District government. To date the following activities have taken place:

<b>Service or Initiative</b>	<b>Participating Agencies</b>	<b>Timeline</b>	<b>Status</b>
Increase early identification of pregnancy and ensure timely enrollment in prenatal care for all women of child-bearing age; track the adequacy of prenatal and postpartum visits under Medicaid and the DC HealthCare Alliance.	CHA and MAA (the Medical Assistance Administration) and Medicaid managed care organizations (MCOs)	January 2008	Reviewed the Medicaid managed care report templates; considering the addition of data fields to track MCO members' compliance with prenatal, postpartum and pediatric visits.
Increase well-child pediatric visits throughout the first year of life for all newborns on Medicaid, in particular, the first two visits at 48 hours and 1 month post-discharge.	DOH and participating managed care organizations (MCOs)	January 2008	This will be a MAA/EPSTD (Early Periodic Screening, Diagnosis and Treatment) deliverable. Data on these variables not yet available for Healthy Start cases.
Implement routine prenatal HIV testing and treatment that prevents perinatal HIV transmission to the infant.	CHA and HIV-AIDS Administration (HAA)	January 2008	Healthy Start's outreach and FSW staff have been trained on how to perform HIV/AIDS screening. Protocols were developed to refer HIV positive pregnant women and mothers to the HIV/AIDS for connection to appropriate care.
Enhance linkage to substance abuse education and with treatment services.	DOH/Addiction Prevention and Recovery Administration (APRA)	February 2008	APRA is moving to automate pregnancy registration to improve completion by APRA staff. The Healthy Start liaison will more readily determine the number of pregnancy tests completed per month, and provide possible referrals to DC Healthy Start for case management services.
Enhance community-based screening and prevention services for at risk families and youth served by child protective service agency.	DOH and Child and Family Services Agency (CFSA)	February 2008	PIHB and the CFSA Medical Director are evaluating the possibility of an MOU to enhance coordination of services for this population.
Facilitate outreach and linkages to care for homeless pregnant women.	DOH and Department of Human Services (DHS)	March 2008	Healthy Start worked with DC General's Hypothermia Shelter (Families Forward program) to make referrals, distribute cribs or pack-n-plays (46 to date) and to identify eligible families for enrollment in the Healthy Start Program. Healthy Start will evaluate other shelters for the same service needs.
Improve screening practices for all women and youth at risk for mental illness.	DOH and Department of Mental Health (DMH)	March 2008	PIHB has met with DMH to clarify roles and responsibilities, including new performance measures for an MOU under development.
Provide adequate prenatal care for pregnant inmates during incarceration.	DOH and the Department of Corrections (DOC)	March 2008	Healthy Start has initiated educational services to pregnant incarcerated women. To date there have

			been three sessions serving 15 women in total. Upon release, eligible women can access crib vouchers if needed. For inmates not being released before or soon after childbirth, the identified guardian will receive the safe crib training and a crib.
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### III. Increase coordination between government and the community to ensure a comprehensive, citywide approach to reducing infant mortality.

While the Department of Health is the lead agency on preventing infant mortality, many community providers and stakeholders play a critical role in improving perinatal health. DOH is committed to expanding and strengthening the public-private partnership necessary to support every pregnant woman and newborn child. Central to this effort is the newly formed *Advisory Committee on Perinatal, Infant and Inter-conceptional Health and Development*, convened on April 17<sup>th</sup>, 2008. The multidisciplinary committee is comprised of representatives from health care, public health, management and/or scientific fields with special expertise in the care of women of childbearing age and infants. The purpose of this action-oriented group is to develop strategies and interventions aimed at:

- Reducing the District of Columbia's infant mortality rate;
- Improving the pre- and inter-conceptional care of women of child-bearing age;
- Decreasing the health disparities in identified residential areas; and
- Examining best practices from other jurisdictions.

In addition, DOH has contracted with the George Washington University School of Public Health and Health Services to identify preventive activities and health care interventions that will reduce infant mortality. To date, five areas of concentration are proposed:

- 1) A Qualitative and Quantitative Assessment of Healthy Start, Community Health Workers and Enrolled Women's Perceived Factors Related to Perinatal Outcomes and Medicaid Managed Care;
- 2) An Analysis of the Quality of Perinatal Care for High-risk Pregnant Women and Infants in Medicaid Managed Care;
- 3) An Evaluation of Medical and Community Factors Affecting Negative Birth Outcomes;
- 4) An Exploration of the Effectiveness of Death Certification in DC and Implications for the Vital Statistics and Perinatal Reporting Systems; and
- 5) A Study of Determinants of Prenatal Care Use and Birth Outcomes by Medicaid Managed Care and Commercially Enrolled Women.

Recently, GW has produced a draft summary of 35 publications of lessons learned in perinatal health from the National Institutes of Health-District of Columbia initiative.

Service or Initiative	Participating Agencies	Timeline	Status
Improve discharge planning and linkage to appropriate medical and social services for women admitted to birthing hospitals with inadequate prenatal care and at risk for domestic violence, substance abuse or other factors that negatively affect infant development.	CHA and Mary's Center for Maternal and Child Care, Inc.	December 2007	Three hundred and forty-three (343) at-risk pregnant and postpartum women have received discharge screenings under a pilot program. The plan is to develop a comprehensive perinatal registry that will allow for identification and referral of high-risk women and infants without requiring the addition of a discharge planning program.
Facilitate linkage to tobacco cessation programs for all at-risk mothers.	DOH and American Lung Association-DC	January 2008	Four (4) eight-week classes have been held with eight to ten participants attending per class
Compile perinatal screening risk information into a perinatal data registry in order to increase utilization of risk data by clinicians and case managers caring for all newborns and their mothers.	CHA, CPPE and prenatal clinics, community obstetricians and pediatricians, birthing hospitals and other health care providers	July 2008	DOH, through the Vital Records Division of the Center for Policy, Planning and Epidemiology, will update the birth record to include certain key indicators related to perinatal health. These indicators will be used to identify high-risk infants at their birthing hospital and ensure appropriate referrals for services.
Convene a time-limited (two years) advisory group comprised of experts and stakeholders in perinatal and infant health to identify and compile best practices based on existing data regarding infant mortality and perinatal outcome disparities.	DOH and National Institute of Child Health and Human Development (NICHD), health care providers, managed care companies, and community-based organizations.	March 2008	The <i>Advisory Committee on Perinatal, Infant and Inter-conceptional Health and Development</i> , was convened on April 17th, 2008 and two meetings have occurred to date. The Advisory Committee recommended that DOH make collecting standardized primary data a priority. Such data will assist DOH in identifying the risk distribution, risk allocation and hierarchy of risk, as well as protective factors, for reproductive health outcomes. The Advisory Committee also suggested that DOH consult with the Centers for Disease Control and Prevention and states that have implemented uniform data collection efforts on perinatal outcomes.

Commission a comprehensive study of factors associated with infant death and developmental disability for Medicaid beneficiaries in the District of Columbia and identify novel population-based preventive activities and individual health care interventions that will reduce infant mortality	DOH and the George Washington University School of Public Health and Health Services	December 2008	Study has been commissioned from the GW School of Public Health and Health Services and work is in progress.
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